

CERTIFICATE OF DEATH

PLACE OF DEATH (AND RESIDENCE)	BIRTH NO.		1. PLACE OF DEATH A. COUNTY YUMA		B. LENGTH OF STAY IN THIS TOWN 25 yrs IN ARIZONA 25 yrs		2. USUAL RESIDENCE A. STATE ARIZONA		REGISTRAR'S NO. 302	
	C. CITY OR TOWN YUMA		D. FULL NAME OF HOSPITAL OR INSTITUTION 244 Third Avenue		E. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		C. CITY OR TOWN YUMA		B. COUNTY YUMA	
	D. STREET (IF RURAL, GIVE LOCATION) ADDRESS 244 Third Avenue		F. SEX F		G. COLOR OR RACE Caucasian		H. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Widowed			
PRECEDENT PERSONAL DATA	3. NAME OF DECEASED (TYPE OR PRINT) LULU		A. (FIRST) LULU		B. (MIDDLE) ETTA		C. (LAST) HINSHAW		4. SEX F	
	5B. NAME OF SPOUSE		7. DATE OF BIRTH MONTH Oct DAY 7 YEAR 1874		8. AGE (IN YEARS LAST BIRTHDAY) 86		IF UNDER 1 YEAR MONTHS DAYS		IF UNDER 24 HRS. HOURS MIN.	
	9B. KIND OF BUSINESS OR INDUSTRY Home		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Kansas		11. CITIZEN OF WHAT COUNTRY? USA		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) No		13. SOCIAL SECURITY NO. None	
CAUSE OF DEATH (TEAM 18)	14A. FATHER'S NAME C. U. MCKEE		14B. BIRTHPLACE (STATE OR COUNTRY) Iowa		15A. MOTHER'S MAIDEN NAME MUSGRAVE		15B. BIRTHPLACE (STATE OR COUNTRY) Iowa			
	16. INFORMANT'S SIGNATURE Mary H. Sharp		ADDRESS Porterville, Calif		17. DATE OF DEATH (MONTH) DECEMBER (DAY) 14 (YEAR) 1960					
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: ANTECEDENT CAUSES MOREBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST. II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.		MEDICAL CERTIFICATION (A) Heart failure DUE TO (B) Coronary - vascular accident DUE TO (C) Hypertension, atherosclerosis, heart disease		INTERVAL BETWEEN ONSET AND DEATH 2 days 5 days 20 years			
RATIONS, UTOPSY	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM Jan 12-13-60 ALIVE ON 12-13-60 AND THAT DEATH OCCURRED AT 32:50 P M. FROM THE CAUSES AND ON THE DATE STATED ABOVE.		22A. SIGNATURE [Signature]		22B. ADDRESS M.D. Yuma, Arizona		22C. DATE SIGNED Dec 15, 1960			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY) [Signature]		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)					
DEATH DUE TO EXTERNAL VIOLENCE	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?					
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED					
	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/> DATE Dec 17, 1960		25B. REGISTRAR'S SIGNATURE Maria Nelson		25C. NAME OF CEMETERY OR CREMATORY Desert Lawn Memorial Park		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) Yuma, Yuma, Arizona			
GENERAL RECTOR AND GISTRAR	26A. DATE REC. BY LOCAL REG. 12-17-60		26B. REGISTRAR'S SIGNATURE Maria Nelson		27A. FUNERAL DIRECTOR'S SIGNATURE [Signature]		27B. ADDRESS Yuma, Arizona			
	28A. EMBALMER'S SIGNATURE Ray E Bower		28B. EMBALMER'S CERT. NO. 168A							